

Colby Memorial Temple

Healing Statement

This form may be completed by those who have received healing through the intervention of a Spiritualist Healer. The Healing may reference a single visit to the Healer's chair, or to a condition needing several visits.

Name of Spiritual Healer: Steve Adkins

Name of person receiving healing: Beverly
(Print)

Address: Dayton Beach, FL 32115

Phone number: [REDACTED] Date(s) of spiritual healing: 7/9, 7/17 '97

Health Condition: (Must relate to a specific condition.) Lack of mental clarity, depression, indecision about life's direction.

Results: (How was the condition cured or relieved.) Produced mental clarity and a joy of life NOT known to me until now. Allowed me to take direction with my life.

Comments: I found a connection with Steve and his healing talent that has created a spiritual awakening which has changed my life.

Beverly
Signature Date 7/17

Received by

Date